KOLAR Document ID: 1379196

| | | | | ivision of Wate | | W 11 ID | | |
|--|---|------------------------|--------|--|------------------------|------------|---------------|--|
| <u> </u> | | ge in Well Use | | sources App. N | | Well ID | N. 1 | |
| 1 LOCATION OF | WATER WELL: | Fraction | | ection Number | 1 | | nge Number | |
| County: | | 1/4 1/4 1/4 | 1/4 C4 | 1 A 11 | T S | R | □ E □ W | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: | | | | | | | | |
| City: | State: | ZIP: | | | | | | |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: | | | | ft 5 T atitu | do. | | (1 ' 11) | |
| WITH "X" IN | Danth(s) Groundwater Encountered: 1) | | | | 5 Latitude: | | | |
| SECTION BOX: | BOX: 2) ft. 3) ft., or 4) □ Dry | | | | : 🗌 WGS 84 🔲 NA | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | for Latitude/Longitude | | IAD 21 | |
| | □ below land surface, measured on (mo-day-yr) | | | | GPS (unit make/model:) | | | |
| NW NE | above land surface, measured on (mo-day-yr) | | | | (WAAS enabled? | | | |
| | Pump test data: Well water was ft. | | | ☐ Land Survey ☐ Topographic Map | | | | |
| w | E after hours pumpinggpm | | | ☐ Oı | Online Mapper: | | | |
| SW SE | Well water was ft. | | | | | | | |
| X X | after hours pumping Estimated Yield:gpm | | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | l Level □ TOC | |
| S | | ghii in. to ft. and | | | Source: | | | |
| 1 mile | | | | D 041 | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | . 10. □ Oil | Field Water Supply: 1 | ease | | |
| ☐ Household | | ng: how many wells? | | | | | | |
| ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | | | | | |
| ☐ Livestock 8. ☐ Monitoring: well ID | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 2. □ Irrigation 9. Environmental Remediation: well ID | | | | a) Closed Loop Horizontal Vertical | | | | |
| 3. Feedlot | | | | | b) Open Loop | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded | | | | | | | | |
| Casing diameter | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | |
| ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | |
| Sewer Lines | Cess Pool | ☐ Sewage Lag | | Fuel Storage | | oned Water | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | |
| ☐ Other (Specify) Direction from well? ft. | | | | | | | | |
| 10 FROM TO | LITHOLO | | FROM | | LITHO. LOG (cont.) or | | GINTERVALS | |
| IU TROM TO | EITHOLO | GIC LOG | TROM | 10 | EITHO. EOG (cont.) of | TECCOII | GIVIERVILD | |
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| | 1 | | Notes: | <u> </u> | 1 | | | |
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| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | |
| under the business name of | | | | | | | | |
| KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | |